04055

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert

City or town Dunkirk

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Boy Franklin

3. (b) Social Security Number

4. Sex: Ve

5. Color or race: C

6. (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/19/40

8. AGE: Years | Months | Days | If less than one day

Ved hrs. min.

9. Birthplace (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Thomas Franklin

13. Birthplace Ved

MOTHER 14. Maiden name Ada Evans

15. Birthplace Ved

16. Informant Thomas Franklin

Address Dunkirk

17. (Burial, cremation, or removal. Which?) Date thereof April 20 1940 (month) (day) (year)

Cemetery or crematory Sollers Chapel

Location

16. Funeral director George Evans

Address Bristol.

19. April 20 1940 (Date rec'd by registrar) W. H. Hardesty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/19 1940, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death still born

Premature

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. M. Ward M. D. or other.

Address Ering Ved Date signed 4/19/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

CERTIFICATE OF DEATH

04056

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:
County Calvert.
City or town Owings.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Farm of Mr. Wilson Dowell
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Calvert.
City or town Owings Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no.

3. (a) FULL NAME William Bryant Nichols.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	Married.

6 (b) Name of husband or wife Marion Catherine Nichols
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/5/13

8. AGE:

Years	Months	Days	If less than one day
26	11	8	hrs. min.

9. Birthplace Md. (Town, county, and state)
10. Usual occupation Laborer.
11. Industry or business Saw mill.

FATHER
12. Name William Nichols
13. Birthplace Va.

MOTHER
14. Maiden name Patsy ?
15. Birthplace Va.

16. Informant
Address

17. (Burial, cremation, or removal. Which?) Date thereof April 29/40 (month) (day) (year)
Cemetery or crematory Mt Harmony
Location
18. Funeral director W. H. Hutchens & Son
Address Mt Harmony
19. April 29 1940 W. H. Hardesty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27/40, at 8 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Gun shot wound of abdomen — DURATION 10 Min.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Homicide Date of 4/27/40
Where did injury occur? Owings (City or town) Cal. (County) Md. (State)
Injured at home, farm, industry, public place (where?) Home.
Means of injury Shot Gun Injured at work? no.

23. SIGNATURE E. Bruce
Deputy Med. Examiner for Cal. Co.
Address Prince Frederick, Md. Date signed

RECEIVED
MAY 7 1940
BUREAU V. S.